

|   |                        |                  |
|---|------------------------|------------------|
| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 09/309,161       |
|   | Filing Date            | May 10, 1999     |
|   | First Named Inventor   | Yingquing L. CUI |
|   | Art Unit               | 2178             |
|   | Examiner Name          | C. Paula         |
|   | Attorney Docket Number | 324212009500     |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 76102

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)     | <input type="checkbox"/> 10.40(b)(3)                       | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

**Complete the following section only when the correspondence address will change.** *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

|  |   |             |                  |                       |
|--|---|-------------|------------------|-----------------------|
| B.   | <input checked="" type="checkbox"/> Inventor or Assignee Name | Yahoo! Inc. |                  |                       |
| Address 701 First Avenue   |   |             |                  |                       |
| City   | Sunnyvale   | State       | CA               | Zip 94089             |
|  |   | Country     | U.S.A.           |                       |
| Telephone  | 408-349-3300  |             | Email            | readerc@yahoo-inc.com |
| I am authorized to sign on behalf of myself and all withdrawing practitioners. |   |             |                  |                       |
| Signature  | /Robert A. Saltzberg/   |             |                  |                       |
| Name   | Robert A. Saltzberg   |             | Registration No. | 36,910                |
| Address Morrison & Foerster LLP<br>425 Market Street                           |   |             |                  |                       |
| City   | San Francisco   | State       | CA               | Zip 94105-2482        |
|  |   | Country     | US               |                       |
| Date   | March 12, 2010  |             | Telephone No.    | (415) 268-6428        |
| <b>NOTE: Withdrawal is effective when approved rather than when received.</b>  |   |             |                  |                       |